

Fill in this information to identify your case:

Debtor 1	Debbie P. Oiff		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		
Case number (if known)	8-23-72461-ast		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1	Capital One/SavorOne	Last 4 digits of account number	0290	\$1,510.89
	Nonpriority Creditor's Name			
	PO Box 30281	When was the debt incurred?	Prior to 4/23	
	Salt Lake City, UT 84130-0281	As of the date you file, the claim is: Check all that apply		
	Number Street City State Zip Code			
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans		
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Mastercard		

4.2

Comenity Bank/HSN

Nonpriority Creditor's Name

PO Box 182125**Columbus, OH 43218-2125**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0693\$600.00When was the debt incurred? Prior to 4/23

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Mastercard

4.3

First Bankcard/Ram

Nonpriority Creditor's Name

PO Box 2557**Omaha, NE 68103-2557**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4965\$1,700.00When was the debt incurred? Prior to 4/23

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Mastercard

4.4

Kohls

Nonpriority Creditor's Name

PO Box 3043**Milwaukee, WI 53201-3043**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0606\$362.00When was the debt incurred? Prior to 4/23

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit card

4.5

Macys

Nonpriority Creditor's Name

9111 Duke Blvd**Mason, OH 45040**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9975\$1,200.00When was the debt incurred? Prior to 4/23

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit card**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total
claims
from Part 1

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 0.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. \$ 0.00

6e. Total Priority. Add lines 6a through 6d.

6e. \$ 0.00Total
claims
from Part 2

6f. Student loans

6f. \$ 0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. \$ 5,372.89

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ 5,372.89

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

-----X

In Re:

Chapter 13

DEBBIE P. OLFF,

Case No.: 8-23-72461-ast

Debtors.

-----X

AFFIRMATION PURSUANT TO LOCAL RULE 1009-1(a)

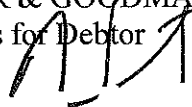
Heath S. Berger, attorney for the debtors herein, affirms as follows:

1. Debtor(s) filed a petition under Chapter 13 of the Bankruptcy Code on July 11, 2023.
2. Annexed hereto is a listing setting forth the specific additions or corrections to, or deletions from, the affected list(s), schedule(s) or statement(s). The nature of the change (addition, deletion or correction) is indicated for each creditor or item listed.
3. If applicable, an amended mailing matrix is annexed hereto reflecting such changes as have been referred to above.

Dated: Syosset, New York
July 24, 2023

BERGER, FISCHOFF, SHUMER,
WEXLER & GOODMAN, LLP
Attorneys for Debtor

BY:



Heath S. Berger, Esq.
6901 Jericho Turnpike
Syosset, New York 11791
(516) 747-1136

IN RE: DEBBIE P. OLFF
CASE NO. 8-23-72461-ast
CHAPTER 13

SPECIFIC LIST SETTING FORTH THE CHANGES

SCHEDULE E/F - CREDITORS WHO HAVE UNSECURED CLAIMS

ADDITION:

Capital One/SavorOne
PO Box 30281
Salt Lake City, UT 84130-0281

Comenity Bank/HSN
PO Box 182125
Columbus, OH 43218-2125

First Bankcard/Ram
PO Box 2557
Omaha, NE 68103-2557

Kohls
PO Box 3043
Milwaukee, WI 53201-3043

Macys
9111 Duke Blvd.
Mason, OH 45040

Capital One/SavorOne
PO Box 30281
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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

In Re:

Chapter 13

DEBBIE O. OLFF,

Case No. 8-23-72461-ast

Debtors.

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)

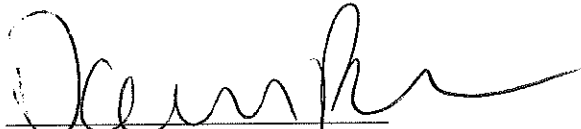
:ss.

COUNTY OF NASSAU)

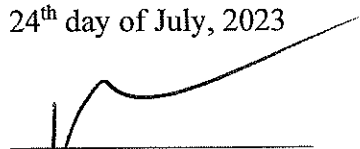
I, Dawn Profita, being duly sworn, says: I am not a party to the action, am over 18 years of age and reside at Valley Stream, New York.

On July 24, 2023, I served a copy of the within **AFFIRMATION PURSUANT TO LOCAL RULE 1009-1(a), SPECIFIC LIST AND AMENDED SCHEDULE E/ F** by depositing a true copy thereof in a postpaid wrapper, in an official depository under the exclusive care and custody of the United States Postal Service within New York State, addressed to each of the following persons at the last known addresses set forth after each name:

SEE ANNEXED SERVICE LIST:


Dawn Profita

Sworn to before me this
24th day of July, 2023


Notary Public

HEATH S. BERGER
Notary Public, State of New York
No. 02BE5008879
Qualified in Suffolk County
Commission Expires March 1, 2027

SERVICE LIST

Office of the United States Trustee
Long Island Federal Courthouse
560 Federal Plaza
Central Islip, NY 11722

Krista M. Preuss, Trustee
100 Jericho Quadrangle
Suite 127
Jericho, NY 11753

Capital One/SavorOne
PO Box 30281
Salt Lake City, UT 84130-0281

Comenity Bank/HSN
PO Box 182125
Columbus, OH 43218-2125

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PO Box 2557
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